

LPC 16304534
STATE IDENTIFICATION NUMBER
(If Applicable)

EPA Region 5 Records Ctr.



390941

ILD006317119
EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form A - General Facility Standards

I. General Information:

- (A) Facility Name: Pfizer INC. - MINERALS, Pigments & Metals Div
(B) Street: 2001 Lynch Ave.
(C) City: EAST ST. LOUIS (D) State: ILLINOIS (E) Zip Code: 62201
(F) Phone: (618) 271-4700 (G) County: ST. CLAIR
(H) Operator: Pfizer INC.
(I) Street: 235 EAST 42ND STREET
(J) City: NEW YORK (K) State: NEW YORK (L) Zip Code: 10017
(M) Phone: (212) 573-2323 (N) County: _____
(O) Owner: Pfizer INC.
(P) Street: 235 EAST 42ND STREET
(Q) City: NEW YORK (R) State: NEW YORK (S) Zip Code: 10017
(T) Phone: (212) - 573-2323 (U) County: _____
(V) Date of Inspection: 6/25/81 (W) Time of Inspection (From) 9:30 A. (To) 4:00
(X) Weather Conditions: ~80° sunny - dry

RECEIVED

AUG 07 1981

E.P.A. - D.L.P.C.
STATE OF ILLINOIS

(Y)	Person(s) Interviewed	Title	Telephone
	<u>RICHARD L. LAJEUNESSE</u>	<u>DIVISIONAL PRODUCTION SERVICES ENGINEER (215) 253-620</u>	
	<u>ANDY T. PICKENS</u>	<u>MANAGER-SPECIAL PROJECTS (618) 271-470</u>	
<hr/>			
(Z)	Inspection Participants	Agency/Title	Telephone
	<u>RICHARD L. LAJEUNESSE</u>	<u>DIVISIONAL PRODUCTION SERVICES ENGINEER (215) 253-620</u>	
	<u>ANDY T. PICKENS</u>	<u>MANAGER SPECIAL PROJECTS (618) 271-470</u>	
	<u>TOM POWELL</u>	<u>IEPA. ENVIR. PROTECT. SPEC. (618) 345-4606</u>	
<hr/>			
(AA)	Preparer Information		
	Name <u>TOM POWELL</u>	Agency/Title <u>IEPA. ENVIR. PROTECT. SPEC.</u>	Telephone <u>(618) 345-4606</u>

II. SITE ACTIVITY:

Complete sections I through VII for all treatment, storage, and/or disposal facilities. Complete the forms (in parenthesis) in section VIII corresponding to the site activities identified below:

- | | |
|--|--|
| <p><input checked="" type="checkbox"/> <u>A.</u> Storage and/or Treatment</p> <p>1. <u>Containers (I)</u></p> <p>2. <u>Tanks (J)</u></p> <p>3. <u>Surface Impoundments (K)</u></p> <p>4. <u>Waste Piles (L)</u></p> <p><u>B.</u> Land Treatment (M)</p> <p><u>C.</u> Landfills (N)</p> | <p><u>D.</u> Incineration and/or Thermal Treatment (O and P)</p> <p><u>E.</u> Chemical, Physical, and Biological Treatment (Q)</p> |
|--|--|

Note: If facility is also a generator or transporter of hazardous waste complete sections IX and X of this form as appropriate.

III. GENERAL FACILITY STANDARDS:
(Part 265 Subpart B)

	Yes	No	NI*	Remark
(A) Has the Regional Administrator been notified regarding:				
1. Receipt of hazardous waste from a foreign source?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>DOES NOT ACCEPT WASTE FROM FOREIGN SOURCE</i>
2. Facility expansion?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(B) General Waste Analysis:				
1. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the owner or operator have a detailed waste analysis plan on file at the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>NO HAZ. WASTE LEAVES THE SITE. NEUTRALIZED PICKLE LIQUOR IS DISCHARGED INTO THE ON-SITE WASTE WATER TREATMENT PLANT.</i>
(C) Security - Do security measures include: (if applicable)				
1. 24-hour surveillance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Artificial or natural barrier around facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Controlled entry?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Danger sign(s) at entrance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(D) Do Owner or Operator Inspections Include:				
1. Records of malfunctions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Records of operator error?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Records of discharges?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Not Inspected

III. GENERAL FACILITY STANDARDS - Continued

	Yes	No	NI*	Remarks
4. Inspection schedule?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Safety, emergency equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Security devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Operating and structural devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Inspection log?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(E) Do personnel training records include: (Effective 5/19/81)				
1. Job titles?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO FORMAL TRAINING PROCEDURES ARE SET
2. Job descriptions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRAINING DONE ON A ONE-ON-ONE BASIS
3. Description of training?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
4. Records of training?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO RECORDS OR DOCUMENTATION
5. Have facility personnel received required training by 5-19-81?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
6. Do new personnel receive required training within six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
(F) If required are the following special requirements for ignitable, reactive, or incompatible wastes addressed?				
1. Special handling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. No smoking signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Separation and protection from ignition sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

*Not Inspected

IV. PREPAREDNESS AND PREVENTION:
(Part 265 Subpart C)

(A) Maintenance and Operation
of Facility:

Is there any evidence of fire,
explosion, or release of
hazardous waste or hazardous
waste constituent?

Yes No NI* Remarks

— — ☒ —

(B) If required, does the facility
have the following equipment:

1. Internal communications or
alarm systems?

☒ — —

2. Telephone or 2-way radios
at the scene of operations?

☒ — —

3. Portable fire extinguishers,
fire control, spill control
equipment and decontamination
equipment?

☒ — —

*TIME TO NEUTRALIZE
CORROSIVE WASTES*

Indicate the volume of water and/or foam available for fire control:

CITY WATER -

(C) Testing and Maintenance of
Emergency Equipment:

1. Has the owner or operator
established testing and
maintenance procedures
for emergency equipment?

☒ — —

2. Is emergency equipment
maintained in operable
conditions?

☒ — —

(D) Has owner or operator provided
immediate access to internal
alarms? (if needed)

☒ — —

(E) Is there adequate aisle space
for unobstructed movement?

✓

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES:
(Part 265 Subpart D)

(A) Does the Contingency Plan contain the
following information:

Yes No NI* Remarks

1. The actions facility personnel
must take to comply with
§265.51 and 265.56 in response
to fires, explosions, or any
unplanned release of hazardous
waste? (If the owner has a Spill
Prevention, Control, and Counter-
measures (SPCC) Plan, he needs
only to amend that plan to
incorporate hazardous waste
management provisions that are
sufficient to comply with the
requirements of this Part (as
applicable.)

✓

2. Arrangements agreed by local
police departments, fire departments
hospitals, contractors, and State
and local emergency response teams
to coordinate emergency services
pursuant to §265.37?

✓

EMERGENCY CREWS
WERE NOT NOTIFIED
fire, police, etc.

3. Names, addresses, and phone
numbers (office and home) of all
persons qualified to act as
emergency coordinators?

✓

ONLY NAMES ARE GIVEN
NO ADDRESSES

4. A list of all emergency equipment
at the facility which includes the
location and physical description
of each item on the list and a
brief outline of its capabilities?

✓

5. An evacuation plan for facility
personnel where there is a possibility
that evacuation could be necessary?
(This plan must describe signal(s)
to be used to begin evacuation,
evacuation routes, and alternate
evacuation routes?)

✓

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES - Continued

	Yes	No	NI*	Remarks
(B) Are copies of the Contingency Plan available at site and local emergency organizations?	—	✓	—	EMERGENCY CREWS WERE NOT NOTIFIED police, fire etc.
(C) Emergency Coordinator				
1. Is the facility Emergency Coordinator identified?	✓	—	—	—
2. Is coordinator familiar with all aspects of site operation and emergency procedures?	✓	—	—	—
3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	✓	—	—	—
(D) Emergency Procedures				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?	—	N/A	—	NO EMERGENCYS HAVE OCCURRED

VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING (Part 265 Subpart E)

	Yes	No	NI*	Remarks
(A) Use of Manifest System				
1. Does the facility follow the procedures listed in §265.71 for processing each manifest?	✓	—	—	—
2. Are records of past shipments retained for 3 years?	—	N/A	—	MANIFEST SYSTEM NOT IN USE 3 YEARS.
(B) Does the owner or operator meet requirements regarding manifest discrepancies?	✓	—	—	—

*Not Inspected

VI. RECORDKEEPING - Continued

(C) Operating Record

1. Does the owner or operator maintain an operating record as required in 265.73?

✓

2. Does the operating record contain the following information:

**b. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in Appendix I?

✓

c. The location and quantity of each hazardous waste within the facility?

✓

***d. A map or diagram of each cell or disposal area showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

N/A

e. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?

✓

f. Reports detailing all incidents that required implementation of the Contingency Plan?

✓

*NONE HAVE OCCURRED
AT THIS TIME*

g. All closure and post closure costs as applicable? (Effective 5-19-81)

✓

** See page 33252 of the May 19, 1980, Federal Register.

*** Only applies to disposal facilities

VII. CLOSURE AND POST CLOSURE
(Part 265 Subpart G)

	Yes	No	NI*	Remarks
(A) Closure and Post Closure				
1. Is the facility closure plan available for inspection by May 19, 1981?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has this plan been submitted to the Regional Administrator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Has closure begun?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is closure estimate available by May 19, 1981?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Post closure care and use of property				
Has the owner or operator supplied a post closure monitoring plan? (effective by May 19, 1981)				<u>N/A</u>

VIII. FACILITY STANDARDS
(Part 265, Subparts I thru R)

I
USE AND MANAGEMENT OF CONTAINERS

Facility Name: _____ Date of Inspection: _____

	Yes	No	NI*	Remarks
1. Are containers in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are containers compatible with waste in them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are containers stored closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are containers managed to prevent leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are containers inspected weekly for leaks and defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NI*	Remarks
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.)	---	---	---	-----
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	---	---	---	-----

J
TANKS

Facility Name: E. St. Louis / Pfizer

Date of Inspection: 6/25/81

1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank?	✓	---	---	<u>rubber lined steel tank</u>
2. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?	✓	---	---	-----
3. Do continuous feed systems have a waste-feed cutoff?	---	N/A	---	<u>BATCH FEED SYSTEM</u>
4. Are waste analyses done before the tanks are used to store a substantially different waste than before?	---	N/A	---	<u>SAME WASTE STREAM ARE STORED (K060)</u>
5. Are required daily and weekly inspections done?	✓	---	---	-----
6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)	---	N/A	---	<u>- CORROSIVE + TOXIC WASTES ARE TREATED</u>
7. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR 265.17(b) apply.)	---	N/A	---	<u>ONLY SIMILAR WASTES ARE USED IN THEIR PROCESS</u>

8. Has the owner or operator observed the National Fire Protection Association's buffer zone requirements for tanks containing ignitable or reactive wastes?

Tank capacity: ⁽¹⁾ 40,000 gallons
(2) 35,000 gallons

Tank diameter: _____ feet

Distance of tank from property line >50 feet

(See table 2 - 1 through 2 - 6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

K
SURFACE IMPOUNDMENTS

Facility Name: _____

Date of Inspection: _____

1. Do surface impoundments have at least 60 cm (2 feet) of freeboard?

2. Do earthen dikes have protective covers?

3. Are waste analyses done when the impoundment is used to store a substantially different waste than before?

4. Is the freeboard level inspected at least daily?

5. Are the dikes inspected weekly for evidence of leaks or deterioration?

6. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a surface impoundment? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)

7. Are incompatible wastes stored in different impoundments? (If not, the provisions of 40 CFR 265.17(b) apply.)

REMARKS

Use this section to briefly describe site activities observed at the time of the inspection. Note any possible violations of Interim Status Standards.

- ① No job titles, descriptions, training, or records of training in personnel records. Training done on a one-on-one basis.
- ② Verbal agreements on response to emergencies eg. Fire, Police, Hospitals. Copy of Contingency plan has not been sent out. Only names of emergency coordinators are given no addresses or phone numbers. No list of emergency equipment contained in contingency plan.

ISS

ENVIRONMENTAL PROTECTION AGENCY STATE OF ILLINOIS

L P C F C O 5 5 C
(1) (8) (9)

ILD0006317119

OBSERVATION REPORT - SITE INVENTORY NO. 16304534
(11) (18)

ST. CLAIR

CO. - L.P.C.

Region # S

Date 06/25/81

E. St. Louis

Pfizer

Letter Sent (Yes or No) N

(Location)

(Responsible Party)

Samples Taken: Yes () No (X) Time: From 09:30 A.m

Weather ~ 80° sunny-dry

Ground Water () Surface () Other () To 04:00 P.m

Photos Taken: Yes () No (X) Interviewed R. LAJEUNESSE

Inspector T E P

A. PICKENS

Previous Inspection

Previous Correspondence

Site Open: Yes (X) No ()

OPERATIONAL STATUS:

TYPE OF OPERATION:

AUTHORIZATION:

Operating (X)

Landfill ()

Storage ()

E.P.A. Permit (X)

Temporarily Closed ()

Random Dump ()

Salvage ()

Variance ()

Closed Not Covered ()

Other Storage-Treatment ()

A.C.D. ()

21(e) ()

Closed and Covered ()

Quantity Received Daily(1-6)

1

Board Order ()

Illegal (5) ()

IMPROVED

RECEIVED

(30)

(31)

(SAME)

AUG 07 1981

LPC 4 1/79 5,000

DETERIORATED

E.P.A. - D.L.P.C.
STATE OF ILLINOIS

I or D S
(62)

GENERAL REMARKS: The inspection participants included: Richard LaJeunesse - Divisional Production Supervisor, Andrew Pickens - Special Project manager, and myself. This facility manufactures iron grilles and fragments, pigments. The plant stores and treats "spent pickle liquor" from steel finishing operations (EPA # K0602). Both chloride and sulfate pickle liquors are used and are a raw material for the production of iron oxides products. Sources of the pickle liquor are as follows:

Granite City Steel # IL0008873937 and Bethlehem Steel

INTERVIEW:

IN 0003913423. - Storage facilities for the chloride pickle liquor consist of two 35,000 gallon covered tanks of steel construction and rubber lined. On a batch basis, 25,000 gallons of the pickle liquor is transferred into open tanks which are of steel construction, rubber, and brick lined. which contain scrap iron. Heaters applied and after a period of 18-24 hours the free acid is neutralized to a P.H. level at which the heavy metals are precipitated, thus rendering the pickle liquor non-hazardous. The neutralized liquor is clarified by sedimentation with clear liquor regularly subsequent processes, and the sediment discharged into the on-site waste water treatment plant. The sludge from the treatment is non-hazardous. - The storage for the sulfate pickle liquor system consists of a 40,000 gal tank of fiberglass construction. On a batch basis, approx. 25,000 gal of liquor is transferred into tanks which are of steel construction and are rubber and brick lined. Treatment is practically identical to chloride liquor system.

DIAGRAM:

- Violations of design standards include:
① No job titles, descriptions, training, records of training in personnel records. Training is done on a one-on-one basis.
② Only verbal agreement on response to emergencies - no fire, police, hospital. Copy of contingency plan has not been sent out. Only names of emergency coordinators are given - no addresses or phone numbers - no list of emergency.